Combined Declaration For Pa Application and Power of Attorney 82021RLO							OCKET			
As below named inventor	As below named inventor, I hereby declare that:									
My residence, post office address and citizenship are as stated below next to my name,										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed										
below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
A MULTIRESOLUTION	ON BASE	D METHOI	D FC	OR REMOVING	NOISE	FRO	M DIG	TAL		
IMAGES										
The specification of which (check on	ly one item be	elow):								
X is attached hereto.										
was filed as United States Application Serial No. on and										
was amended on (if applica	was amended on (if applicable).									
was filed as PCT internation	nal applicatio	n Number on and	d was	amended under PCT Art	ticle 19 on	(if appli	cable).			
I hereby state that I have reviewed ar	nd understand	the contents of the	above-	-identified specification, in	cluding the	claims, a	s amended b	y any ar	nendment	
referred to above.	a tha IIC Dat	ont & Tradomork O	ec.	Il information Impounts m	a ta ba muat	omial to m			d in Title	
I acknowledge the duty to disclose to 37, Code of Federal Regulations, §1		ent & Trademark O	ince a	ii information known to m	е то ве тат	епат то р	atentability	as define	a in Title	
I hereby claim foreign priority benef		35, United States C	Code, §	119 of any foreign applica	ition(s) for	patent or	inventor's c	ertificate	or of any	
PCT international application(s) desi	gnating at lea	st one country other	r than	the United States of Ameri	ca listed be	low and	have also ide	entified b	elow any	
foreign applications(s) for patent or		•		••			•		he United	
States of America filed by me on the PRIOR FOREIGN/PCT APPLICA						ich prior	ity is claime	d:		
COUNTRY (# PCT, indicate PCT)		PPLICATION NUMBER		DATE OF FILING			PRIORITY CLAIMED U	NDER 35 USC	5119	
(il PCT, indicate PCT)			· I	(day month year)			YES		NO	
							YES		NO	
							YES		МО	
	<u> </u>]							
I hereby claim the benefit under Title	35, United St	tates Code, 119 §(e) of an	y United States provisiona	l application	n(s) listed	l below:			
PRIOR PROVISIONAL APPLICA	TION(S) AN	D ANY PRIORITY	CLA	IMS UNDER 35 U.S.C. §	3119 (e):					
PROVISIONAL APPLICA	TION NUMBER		1	· · · · · · · · · · · · · · · · · · ·	FILING D.	ATE		····		
				·						
I hereby claim the benefit under Title										
the United States of America that is/a prior applications(s) in the manner p	rovided by th	e first paragraph of	Title	35, §112, I acknowledge t	he duty to	disclose	to the U.S. F	atent &	Trademark	
Office all information known to me between the filing date of the prior ap							§1.56, whic	h becam	e available	
					•••					
PRIOR US APPLICATIONS OR I 35USC§120:	PCT INTERN	IATIONAL APPLI	CATIO	ONS DESIGNATING TH	E U.S FOF	BENE	FIT UNDER			
	U.S. APPL	ICATIONS				STA	TUS (Check o	ne)		
U.S. APPLICATION NUMBER		U.S. FILI		ING DATE PATENTE		ĒD _	D PENDING		ABANDONED	
								-		
PCT A	PPLICATIONS D	ESIGNATING THE U.S.								
BCT ADDITION NO	DOT EN U	NC DATE	- U	I.S. SERIAL NUMBERS						
PCT APPLICATION NO.	PCT FILI	NG DATE		ASSIGNED (if any)						
									-	
										

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company Customer No. 01333 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to: Patent Legal Staff			Direct Telephone Calls to: (name and telephone number)	
Eastman Kodak Company 343 State Street Rochester, NY 14650-2201			Raymond L. Owens (716) 477-4653 FAX: (716) 477-4646	
2	FULL NAME OF INVENTOR	FAMILY NAME Gindele	FIRST GIVEN NAME Edward	SECOND GIVEN NAME B.
,	RESIDENCE & CITIZENSHIP	CITY Rochester	STATE OR FOREIGN COUNTRY New York 14618 USA	COUNTRY OF CITIZENSHIP USA
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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
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: [BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)
:	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
, [RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY .	COUNTRY OF CITIZENSHIP
, [BUSINESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)
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, [BUSINESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)
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, [BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)
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, [RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
6	BUSINESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
Edward B. Sindile		
DATE	DATE	DATE
12/18/2000		
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
		·
DATE	DATE	DATE